

To Amend Previous SS-4

Form **SS-4**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0008

EIN

20-1812764

Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested <i>The office of the Sovereign presiding overseer of Hope Alliance and successors, a corporate sale</i>		
	2	Trade name of business (if different from name on line 1) <i>This is not a business. This is a Ministry</i>	3	Executor, administrator, trustee, "care of" name <i>This has no Trustee</i>
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) <i>c/o 306 Main Street</i>	5a	Street address (if different) (Do not enter a P.O. box.)
	4b	City, state, and ZIP code (if foreign, see instructions) <i>Canon City CO 81212-7 Colorado</i>	5b	City, state, and ZIP code (if foreign, see instructions)

6	County and state where principal business is located <i>This is not a business. This is a Ministry Located at Colorado, Kingdom of Heaven</i>
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7a	Name of responsible party <i>office of the Sovereign Presiding Overseer</i>	7b	SSN, ITIN, or EIN <i>NONE</i>
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8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <i>This is not a business</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b	If 8a is "Yes," enter the number of LLC members <i>This is a ministry</i>
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8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.
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<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (TIN of grantor) _____
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other (specify) ▶ <i>This is not an Entity. This is a</i>	Group Exemption Number (GEN) if any ▶ _____

9b	If a corporation, name the state or foreign country (if applicable) where incorporated <i>This is a Washington Corporate Sole of The Kingdom of Heaven</i>	State <i>Corporate Sole</i>	Foreign country
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10	Reason for applying (check only one box)
<input type="checkbox"/> Started new business (specify type) ▶ <i>This is not a business. This is a Ministry</i>	<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <i>Open Non-Interest Account</i>
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) ▶ <i>This is Not A business. This is a Ministry</i>	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

11	Date business started or acquired (month, day, year). See instructions. <i>this is not a business. This is a Ministry</i>	12	Closing month of accounting year <i>NONE</i>
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13	Highest number of employees expected in the next 12 months (enter -0- if none). <i>NO employees</i>	14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/> <i>NO EMPLOYEES</i>
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15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). <i>We do NOT pay Wages or Annuity</i>
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16	Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Real estate	<input type="checkbox"/> Transportation & warehousing	<input checked="" type="checkbox"/> Other (specify) <i>This is Not a business. This is a Ministry</i>	<input type="checkbox"/> Retail
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance		

17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <i>This is Not a business. No sale of Product or Service</i>
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18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	If "Yes," write previous EIN here ▶ <i>(Applicant) This is NOT an Employer</i>
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Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
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Third Party Designee	Designee's name <i>The office of the Presiding Sovereign overseer of the Popular Assembly of Hope Alliance</i>	Designee's telephone number (include area code)
	Address <i>and his successors, a corporate sale</i>	()
		Designee's fax number (include area code)
		()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
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Name and title (type or print clearly) ▶ <i>See above</i>	()
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Signature ▶ <i>[L.S.] SLS, overseer</i>	Applicant's fax number (include area code)
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Date ▶ <i>sixteenth day of the tenth month in the year of our Lord Two Thousand Fifteen</i>	()
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